

CHILD-PLACING AGENCIES

ANNUAL OPERATING STATEMENT & WORKING BUDGET

INTRODUCTION

The Annual Operating Statement and Working Budget provides financial information regarding actual and anticipated revenue and actual and anticipated expenses. Actual revenue and expenses reflect the revenue received and costs incurred for the most recent complete year of agency operations. Anticipated revenue and expenses reflect the expected revenue and expenses for the next year of operations and as such constitute the working budget for the agency. This form is of primary importance in providing selected information for use in determining financial responsibility as required by the Minimum Standards for Licensed Child Placing Agencies and the Code of Virginia. The instructions for completing the form which follow describe the information to be recorded for each item.

INSTRUCTIONS FOR COMPLETING THE FORM

ACTUAL AND ANTICIPATED REVENUE (Income): This section should reflect the actual and anticipated annual income from valid sources to the agency. It should not include the personal income of the applicant(s) unless this income was or is to be used for operating the agency. Anticipated amounts shown should be as accurate as possible and supported by confirming documentation to the maximum extent feasible. Actual amounts should be supported by confirming documentation.

1. Fees for Children in Care: The actual and anticipated revenue which was or will be received each year as fees or payments for care should be entered here. Anticipated values should be based on the rate per child to be charged by the agency and the number of children that will actually be in care during the next year of operations. This may be estimated to be less than the licensed capacity which is being requested on the application and, if so, should be used rather than licensed capacity in determining the anticipated revenue to be received.
2. Fees from Other Clients/Services: The actual and anticipated revenue which was and will be received each year as fees or payments for services provided.
3. Federal Funds: The revenue, if any, which was and will be received each year from Federal agencies. Do not include revenue already listed as part of "Fees for Children in Care".
4. State Funds: The Revenue, if any, which was and will be received each year from State agencies. Do not include revenue already listed as part of "Fees for Children in Care".
5. Local Funds: The revenue, if any, which was and will be received each year from localities. Do not include revenue already listed as part of "Fees for Children in Care".
6. Income from Investments: Annual income to support agency operations which was and will be provided by any existing investments should be entered.
7. Endowments/Trust Fund(s): Enter revenue which was or is to be received for the entire year from any endowments or trust funds which currently exist and provided or would provide income to be used to support agency operations.
8. Donations/Solicitations: Enter income received or estimated to be received from such sources as religious or fraternal organizations, United Fund, fund drives and solicitations, or any other fundraising activity when used to support agency operations.

CHILD-PLACING AGENCIES

ACTUAL AND ANTICIPATED REVENUE (Income) --- continued:

9. Adoption Fees: Enter funds, if any, received from adoptive applicants for all services.
10. Other (Specify: Enter the annual amount of income received or estimated to be received from any other source(s) which will be used to operate the agency. Specify each source and the amount.

ACTUAL AND ANTICIPATED EXPENSES: This includes actual and anticipated annual expenses of all types necessary to agency operations. It is the total of all expense items shown below. Three (3) major categories of expenses are shown. The explanations of the sub-headings are intended to assist the applicant in understanding the number and types of financial considerations which may be involved in agency operations, and to assist the Department in evaluating the agency's applications for licensure.

1. Administration:
 - a. Office Supplies & Equipment: Include the actual and estimated annual cost of expendable and non-expendable items used for administrative purposes. (EXAMPLES: pens, pencils, paper, typewriters, filing cabinets, desks, chairs, etc.).
 - b. Depreciation: Buildings: Enter the total annual amount and estimate of depreciation on all buildings owned and utilized by the agency to support the administration of the agency (e.g., buildings which house administrative offices, etc.).
 - c. Depreciation: Equipment: Enter the total annual amount and estimate of depreciation on all capital equipment owned and used in support of administrative operations (e.g., desks, chairs, typewriters, etc. used in administrative offices).
 - d. Insurance:
 - (1) Fire and Liability (Premises & Operations): Enter the total annual cost of fire and liability insurance paid by the System.
 - (2) Liability (Vehicles): Enter total annual cost of liability insurance covering all of the vehicles used in support of System's Operations.
 - e. Interest: Enter the total amount of interest payments paid during the past year and due within the next year on outstanding loans or other debts.
 - f. Taxes: Enter the annual amount of all taxes which were paid last year and must be paid this year by the agency. This would include, VEC Taxes and Federal Unemployment Taxes which must be paid on employees' salaries and wages as well as business license taxes, property taxes, real estate taxes (if not included as part of the mortgage payment under Item 3, b, below). NOTE: The Employers' FICA (Social Security) taxes should be shown under Item 2, b, below. Specify each tax on a separate line under the entry taxes.
2. Salaries, Wages & Benefits:
 - a. Salaries & Wages: Include all salaries and wages paid during the last year and to be paid by the agency to its employees; and, if the agency is a corporation or association, to its Board of Directors for salaries

CHILD-PLACING AGENCIES

ACTUAL AND ANTICIPATED EXPENSES --- continued:

or expenses, if applicable. Also, include salaries/wages to the agency's owner, director, or chief administrative officers; trainers, social workers and other professional level staff persons; secretaries, clerks and assistants; maintenance workers; and grounds keepers, janitors and any others who are regular employees of the agency.

- b. FICA (Social Security): Enter the total annual FICA (Social Security) tax to be paid by the agency for all employees.
- c. Health Care Insurance: Enter the total amount of annual premiums paid by the agency for health care insurance for employees when the cost of all or par of such insurance is provided by the agency.
- d. Group Life Insurance: Enter the total amount of annual premiums paid by the agency for employee group life insurance when the cost of all or part of such insurance is provided by the agency.
- e. Employer Retirement Contribution: Enter the total annual contributions made by the agency to the retirement fund(s) of employees.
- f. Other Benefits (Specify): Enter on an item by item basis, the cost(s) of any additional benefits provided by the agency to employees, e.g., workmen's compensation.

3. Operations:

- a. Payments to Foster Homes: Enter the total amount paid during the last year and to be paid next year to foster homes for child care. Payments for other purposes may be included but should be specified.
- b. Rent or Mortgage Payments: Show any payments of this type for buildings/property of the agency (e.g., office building); amount shown should be the total annual expense.
- c. Utilities: Show the total of payments made or to be made by the agency for electricity, water, fuel oil, gas (for heating), sewage and refuse services, telephone and similar services.
- d. Maintenance & Repairs: The entry should reflect the annual cost of all items used to maintain and carry out necessary repairs on the agency. T
- e. Equipment & Supplies: Enter the total actual and projected annual cost of equipment, which is not to be depreciated, and expendable supplies which were and will be used to support agency operations in areas other than the administrative offices. Equipment rental costs, if any, should be included here.
- f. Depreciation: Buildings: Enter the total actual costs and annual estimate of depreciation on all buildings owned and utilized by the agency to support operations other than administration.
- g. Depreciation: Equipment: Enter the total actual costs and annual estimate of depreciation on all capital equipment owned and used by the agency in support of operations other than administration.

CHILD-PLACING AGENCIES

ACTUAL AND ANTICIPATED EXPENSES --- continued:

- h.* Motor Vehicle: Include here all expenses related to the maintenance and operation of cars, vans, trucks, etc., owned by the agency and used in support of the operation of the agency.
- i.* Staff Travel: Enter the actual travel expenses for last year and total projected travel expense for staff which will be incurred in support of agency operations and the program offered by the agency. This includes transportation costs, the cost for food and the cost for lodging if overnight travel is required.
- j.* Staff Training: Enter here the actual and projected annual costs of formal training for agency staff which will be paid for or reimbursed by the agency.
- k.* Contractual Services: Enter the actual and projected annual costs for any services provided to the agency under contract to support the program offered or agency operations. List each contractual service separately.
- l.* License Fees: Enter the actual fees paid last year and total projected annual fee(s), if any, which must be paid by the agency for any license(s) required.
- m.* Other (Specify): Include the annual cost of any other items of expense not included in other items. Specify each item of expense included here and the expense amount.

CHILD-PLACING AGENCIES

ANNUAL OPERATING STATEMENT & WORKING BUDGET

DATE: _____

NAME OF AGENCY: _____

REVENUE (ACTUAL & ANTICIPATED)

	<u>Actual This Year</u>	<u>Anticipated Next Year</u>
	Date: _____ To: _____	Date: _____ To: _____
1. Fees for Children in Care	\$ _____	\$ _____
2. Fees from Other Clients/Srvs.	_____	_____
3. Federal Funds	_____	_____
4. State Funds	_____	_____
5. Local Funds	_____	_____
6. Income from Investments	_____	_____
7. Endowment/Trust Fund(s)	_____	_____
8. Contribution/Solicitations	_____	_____
9. Adoption Fees	_____	_____
10. Other (<i>Specify</i>)	_____	_____
	<div></div>	<div></div>

TOTAL REVENUE	\$ _____	\$ _____
<div></div>		

EXPENSES (ACTUAL & ANTICIPATED)

	<u>Actual This Year</u>	<u>Anticipated Next Year</u>
	Date: _____ To: _____	Date: _____ To: _____
1. ADMINISTRATION:		
a. Office Supplies & Equip.	\$ _____	\$ _____
b. Depreciation: Building	_____	_____
c. Depreciation: Equip.	_____	_____

EXPENSES (ACTUAL & ANTICIPATED) --- continued

Anticipated Next Year

Date: _____ To: _____

f. Taxes (*Specify by type*)

\$

Date: _____ *Anticipated Next Year*
To: _____

\$ _____

\$

Anticipated Next Year
Date: _____ To: _____

\$ _____

CHILD-PLACING AGENCIES
d. Maintenance & Repairs

CHILD-PLACING AGENCIES

EXPENSES (ACTUAL & ANTICIPATED) --- continued

	<u>Actual This Year</u>	<u>Anticipated Next Year</u>
	Date: _____ To: _____	Date: _____ To: _____
e. Equipment & Supplies	_____	_____
f. Depreciation: Buildings	_____	_____
g. Depreciation: Equipment	_____	_____
h. Motor Vehicle	_____	_____
i. Staff Travel	_____	_____
j. Staff Training	_____	_____
k. Contractual Services (<i>Specify</i>)	_____	_____
l. License Fee	_____ _____ _____	_____ _____ _____
m. Other (<i>Specify</i>)	_____	_____
	<input type="text"/>	<input type="text"/>

<input type="text"/>	TOTAL OPERATIONS EXPENSE	\$	\$
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<input type="text"/>	TOTAL EXPENSE	\$	\$
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AVERAGE NUMBER OF CHILDREN IN CARE THIS YEAR: _____

ANTICIPATED NUMBER OF CHILDREN IN CARE NEXT YEAR: _____